**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL** 



Confirmation Number: 8897 Application Number: 09/714,627 Filing Date: November 17, 2000 First Named Inventor: Masakazu HATTORI et al. Group Art Unit: 2167

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, V.A. 22313-1450  Min 1 9 7005  Alexandria, V.A. 22313-1450  Altomey Docket Number: 04329.2460  Attorney Docket Number: 22,852  This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.  Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed pri to June 8, 1995, or to any design application.  1. Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise, if applicant does not wish to have any previously filed unentered amendments, and amendments on-entry of such amendment.  a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action must request non-entry of such amendment.  a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.  i. Consider the arguments in the Appeal Brief of Reply Brief previously filed on [Date]  ii. Other  D. Amendment/Reply iii. Information Disclosure Statement iii. Affidavit(s)/Declaration(s) iv. Other  2. Miscellaneous  a. Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of Inumber) months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)  b. Other  3. Fees  a. The filling fee is calculated as follows:  i. Syspo.00 RCE fee required under 37 C.F.R. § 1.17(e)  iii. Other  b. Check in the amount of §910 is enclosed.  c. The Commissioner is authorized to charge any deficiencies in the filling fees, or credit any overpayments to Deposit Account No. 69-0916.  Signature of Applicant, Attorney, or Agent Required  Name: Mila Ropadia  Signature of Applica	Address to: Group Art Unit: 2167						
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